

REQUEST FOR ISSUE						
Name (last, first, MI)			Unit		CAPSN:	
<input type="checkbox"/> CADET <input type="checkbox"/> SENIOR <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			<input type="checkbox"/> New member request for initial uniform issue. NOTE: for new member issue, put size only (not quantity) in sections 6A or 6B and go to 7 & 8. All others complete 6A & 6B			
ITEMS REQUESTED						
6A MALE			6B FEMALE			
UNIFORM ITEM	SIZE	QTY		UNIFORM ITEM	SIZE	QTY
DRESS UNIFORM				DRESS UNIFORM		
TROUSERS, BLUE				SKIRT, BLUE		
COAT, BLUE				COAT, BLUE		
SHIRT, LT BL, SS				BLOUSE, LT BL		
SHIRT, LT BL, LS				TAB, COLLAR		
NECKTIE				BERET		
BELT				CAP, FLIGHT		
BUCKLE				PURSE, BLACK		
CAP, FLIGHT				OVERCOAT, WNTR		
CAP, SERVICE				RAINCOAT		
OVERCOAT, WNTR				SHOES, LOW QTR		
RAINCOAT				JACKET, POPLIN		
SHOES, LOW QTR						
JACKET, POPLIN						
BDU'S (FATIGUES)				BDU'S (FATIGUE)		
TROUSERS				TROUSERS		
SHIRT				SHIRT		
HAT, UTILITY				HAT, UTILITY		
FIELD JACKET				FIELD JACKET		
BOOTS, COMBAT				BOOTS, COMBAT		
				BELT		
				BUCKLE		
MISCELLANEOUS				MISCELLANEOUS		
FLIGHT SUIT				FLIGHT SUIT		
INDIVIDUAL EQUIPMENT				INDIVIDUAL EQUIPMENT		
7 Signature of Requestor					Date	
I certify that the above named member has met all requirements and is accepted as a member of Civil Air Patrol and is therefore eligible to receive all uniform items necessary in the performance of duties as a member of Civil Air Patrol.						
8 Signature of Unit Commander					Date	